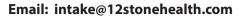
TwelveStone Health Partners

Fax Referral To: (615) 278-3355

Direct Phone: (844) 893-0012





ONPATTRO ORDER FORM					
Date:		ICD-10 Code:		Therapy Status	
Patient Name:		Allergies:		☐ New Start	
Date of Birth:		Weight:Ibs OR	kg	☐ Continuing The	erapy: st Dose:
PROVIDER INFORMATION					
Ordering Provider:			Provider Fax:		
Provider NPI:			Provider Address:		
Provider Phone:					
MEDICATION ORDER					
Onpattro Weight of less than 100kg: Onpattro 0.3mg/kg IV once of the Weight of 100kg or greater: Onpattro 30mg IV once of the Prescriber should advise patient to supplement with of Vitamin A ✓ Pre-Medications will be given as indicated below unless than 100kg: Onpattro 0.3mg/kg IV once of the Weight of 100kg or greater: Onpattro 30mg IV once of 100kg or gr			every three wee	eks daily allowance	Refills for one year from date of signature unless indicated below. Refills
PRE-MEDICATIONS					
Oral ✓ Acetaminophen:325mgX			IV ✓ Dexamethasone:4mg8mgX10mg ✓ Diphenhydramine:25mgX50mg ✓ Famotidine:X20mg40mg □ Methylprednisolone: 125mg □ Hydrocortisone: 100mg □ Ondansetron:4mg8mg □ Other:		
LAB ORDERS (please indicate any labs to be drawn and frequency)			OTHER REQUIRED DOCUMENTATION		
Surveillance lab ordering and monitoring is the responsibility of the prescriber By signing below, I certify that the above therapy is medically signing this form, I am authorizing TwelveStone Health Partners and affiliates to serve as my to payors with respect to this patient and prescription order. This enrollment Dispense as Written:			y designated agent in submitting prior authorizations and other clinically required information		
Prescriber	Name	 Date	Prescriber Nan	ne	 Date